

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914262	RECEIPT DATE:	08 / 24 / 01
IA NUMBER:	PCT/ GB00 / 01052	IA FILING DATE:	03 / 21 / 00 ✓
FAMILY NAME:	MILNER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 24 / 99 ✓
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	36-1470	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 7038164000
			FAX
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CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	222014714
EMAIL:			
APPLICATION TITLES:			
	HANDWRITING RECOGNITION SYSTEM		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 2246

SERIAL NUMBER 09/914,262	FILING DATE 08/24/2001 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. 36-1470
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APPLICANTS

BL Benjamin P Milner, Norwich, GBN, UNITED KINGDOM;

** CONTINUING DATA *****

YES

BL THIS APPLICATION IS A 371 OF PCT/GB00/01052 03/21/2000

** FOREIGN APPLICATIONS *****

YES

BL EUROPEAN PATENT OFFICE (EPO) 99302270.6 03/24/1999

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GBN	SHEETS DRAWING 5	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>hkh</i>	Initials <i>BL</i>		

ADDRESS

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TITLE

Handwriting recognition system

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit